

**ST. LUCIE COUNTY  
DORI SLOSBERG DRIVER EDUCATION SAFETY ACT  
MINI-GRANT PROGRAM**

**SECTION A. APPLICANT INFORMATION**

Identify the agency or organization and official who is authorized to execute any grant related documents:

1. Applicant Name: \_\_\_\_\_
2. Address: \_\_\_\_\_  
\_\_\_\_\_
3. Telephone number: \_\_\_\_\_
4. Authorized official: \_\_\_\_\_
5. Fiscal officer: \_\_\_\_\_
6. Program director: \_\_\_\_\_
7. Federal Identification Number: \_\_\_\_\_
8. Status: Public School \_\_\_\_\_  
Non-Public School \_\_\_\_\_

**SECTION B. PROGRAM INFORMATION**

1. Program name: \_\_\_\_\_
2. Program type: \_\_\_\_\_
3. Total program budget (attach copy of proposed program budget): \_\_\_\_\_
4. Amount of grant funds requested: \_\_\_\_\_
5. List other committed (note with "\*") and/or potential funding sources for program and any matching requirements for such funds:  
Funding source: \_\_\_\_\_ Amount: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Estimated number of students to be served: \_\_\_\_\_
7. Cost per participant: Amount of funds requested divided by estimated number of students served: \_\_\_\_\_

### **SECTION C. NARRATIVE INFORMATION:**

On attached sheet(s), answer the following questions concisely as possible. Please limit total response to 500 words or less.

1. What type of program is proposed? What services will it provide to participants?
2. What procedures and guidelines will be used to select and monitor program participants?
3. What specific outcomes do you seek to achieve? Describe in measurable terms the outcomes sought.

### **SECTION D. CERTIFICATION:**

I do hereby certify that all facts, figures and representation made in this application are true and correct. Furthermore, all applicable statutes, regulations and procedures for program compliance and fiscal control shall be implements to insure proper accountability of any grant funds awarded. I further certify that the funds requested in this application shall not supplant funds that would otherwise be used for the purpose set forth in this application. The filing of this application has been authorized by the Grant Applicant and I have been duly authorized to act as the representative of the Grant Applicant in connection with this application.

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Authorized Official's Signature      Date

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Type Authorized Official's Name

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Name of Grant Applicant

**MUST BE RECEIVED NO LATER THAN 5:00 P.M., January 6, 2006.  
MAIL, FAX, OR DELIVER YOUR APPLICATION:**

St. Lucie County Board of County Commissioners  
Office of Management and Budget  
2300 Virginia Avenue  
Fort Pierce, Florida 34982  
Fax: 772-462-2117  
RE: Dori Slosberg Driver Education Safety Act Mini-Grant Program